

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

FORM NO. **09/817,004**  
APPLICANT'S

FILED DATE

3-22-03		11-18-03 CLAIMS			
ADJUSTER		ADJUSTER		ADJUSTER	
NO	DEP	NO	DEP	NO	DEP
1					
2					
3					
4					
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93					
94					
95					
96					
97					
98					
99					
100					
TOTAL NO.	10	8	5		
TOTAL DEP.	11	9	9		
TOTAL CLAIMS					
TOTAL NO.					
TOTAL DEP.					
TOTAL CLAIMS					